

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL
PRACTICES
COVER PAGE

FILED

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Date Received
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RENE L. MILES
WILLIAMS CITY CLERK

NAME OF FILER

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ASH

PATRICIA

ANN

1. Office, Agency, or Court

Agency Name

CITY OF WILLIAMS

Council member

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

► If filing for multiple positions, list below or on an attachment.

WFPA -

Agency: ONE STOP JPA

Position: PRESIDENT SECRETARY

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of COLUSA

☒ City of WILLIAMS

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 02/15/10
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF SOURCE

BEST BEST + Kreiger LLP

ADDRESS (Business Address Acceptable)

400 Capitol Mall Sac. Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DINNER - LEAGUE OF CITIES

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09/16/10 \$ 123.24 DINNER + COCKTAILS

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Comments: _____